FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000057667 (5)**

1. Corporation Name
LEAKE'S LAWN CARE, INC.

Principal Place of Business	Mailing Address
5000 S.E. FEDERAL HWY. BOX 176 STUART FL 34997	5000 S.E. FEDERAL HWY. BOX 176 STUART FL 34997

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/03/1994
3a. Date of Last Report: This is First Report

2. Principal Place of Business
21: 1280 SE. St. Lawrence Way
Suite, Apt. #, etc. 22:
City & State 23: Stuart FL (Martin)
Zip 24: 34997 Country 25: MARTIN

2a. Mailing Address
26: 7719 SE Eagle Ave
Suite, Apt. #, etc. 27:
City & State 28: Hobe Sound FL
Zip 29: 33455 Country 30: MARTIN

4. FEI Number: 65-0518025 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ NA — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Robert Stansbury
82 Street Address (P.O. Box Number is Not Acceptable): 7719 SE EAGLE AVE
83:
84 City: Hobe Sound FL 85 Zip Code: 33455

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert Stansbury — Robert Stansbury — 1-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	President	☒ Change ☐ Addition
NAME	LEAKE, PAMELA P	1.2 NAME	Pamela P Leake	
STREET ADDRESS	1260 S.E. ST., LAWRENCE WAY	1.3 STREET ADDRESS	1280 SE ST. Lawrence Way	
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	STUART FL 34997	
TITLE	D	2.1 TITLE	V. President	☒ Change ☐ Addition
NAME	STANSBURY, ROBERT	2.2 NAME	Robert Stansbury	
STREET ADDRESS	5000 S.E. FEDERAL HWY., BOX 176	2.3 STREET ADDRESS	7719 SE. Eagle Ave	
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	Hobe Sound FL 33455	
TITLE		3.1 TITLE	Director	☐ Change ☒ Addition
NAME		3.2 NAME	[illegible]	
STREET ADDRESS		3.3 STREET ADDRESS	[illegible]	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	[illegible]	
TITLE		4.1 TITLE	~~Penny Stansbury~~ Director	☐ Change ☒ Addition
NAME		4.2 NAME	Penny Stansbury	
STREET ADDRESS		4.3 STREET ADDRESS	7719 S.E. Eagle Ave	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hobe Sound FL 33455	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Stansbury — Robert Stansbury — 1-15-95 — 407 220-4036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0961551 CP